

Name
in
Full

Maggie M Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Lakesville* Town *Fordchester* County

Date of death *1905* *Dec* Month *27* Day Age *19* Years Months *6* Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Seamstress* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *John Adams*

Father's Name *George W Willey* Father's Birthplace *Maryland*

Mother's Maiden Name *Matilda E Willey* Mother's Birthplace *"*

Name of person giving information *George W Willey* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

no physician in attendance

Signature of Physician

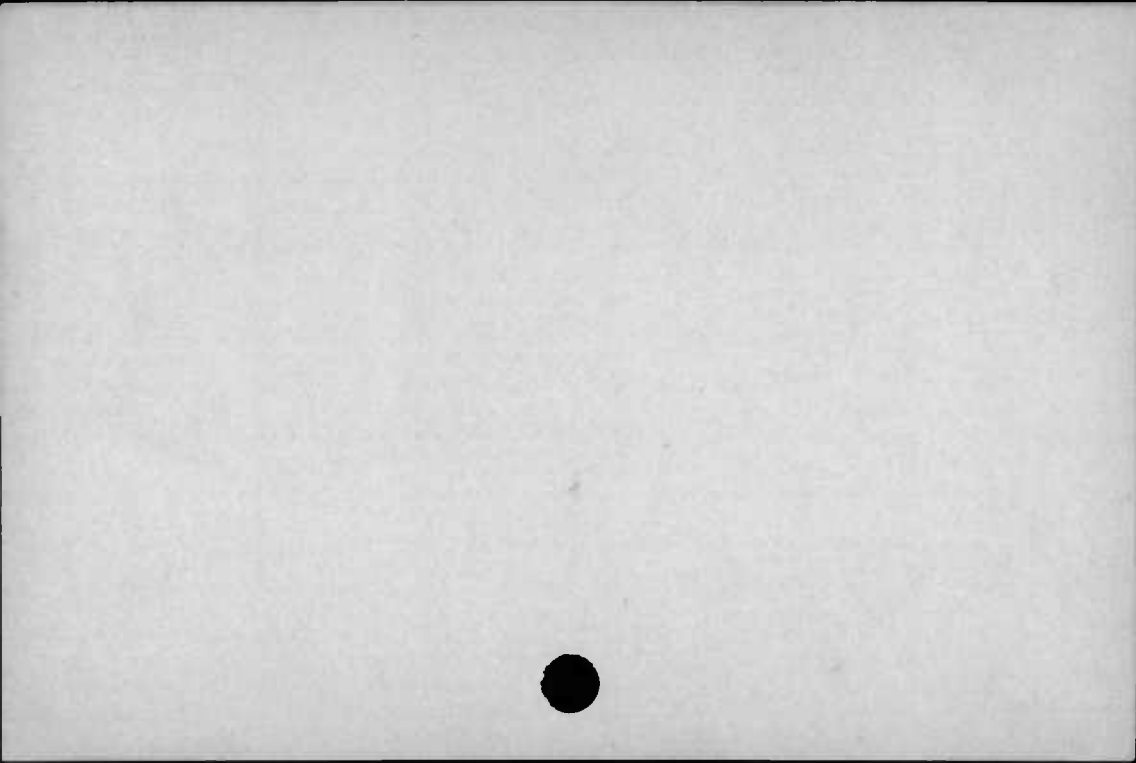
Address

A. J. Kirwan Undertaker

Ceraps

Ma

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

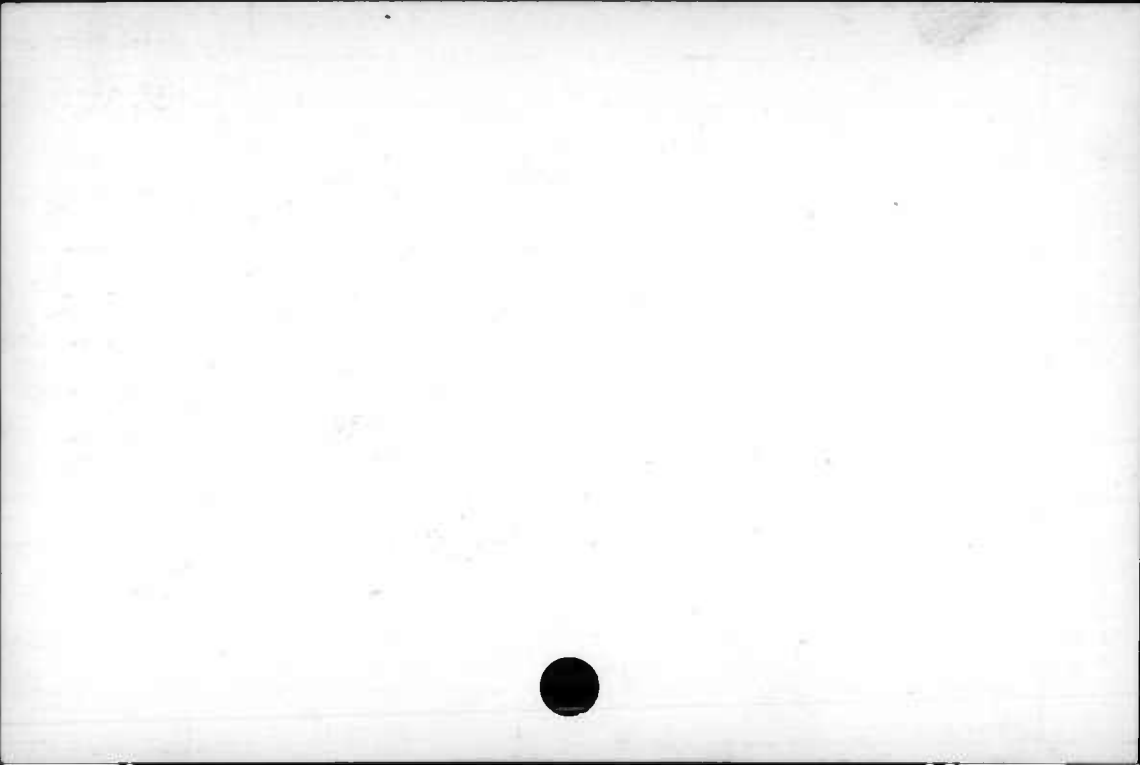
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Taylor's Island</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec.</i>	Day <i>4th</i>	Years <i>22</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Dor. Co. Md.</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>John R. Brown</i>	Father's Birthplace <i>Dor. Co. Md.</i>		Mother's Birthplace <i>Dor. Co. Md.</i>		
Mother's Maiden Name <i>Sarah C. Staplefort</i>	Name of person giving information <i>Henry W. Lambdin</i>		How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Intestinal obstruction</i>	How long <i>about two weeks</i>
Immediate <i>Peritonitis</i>	How long <i>2 to 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. L. Critchum</i>
	Address <i>Church Creek, Md.</i>
Accident or Suicide?	



Name
in
Full

Eliza Crosswell ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

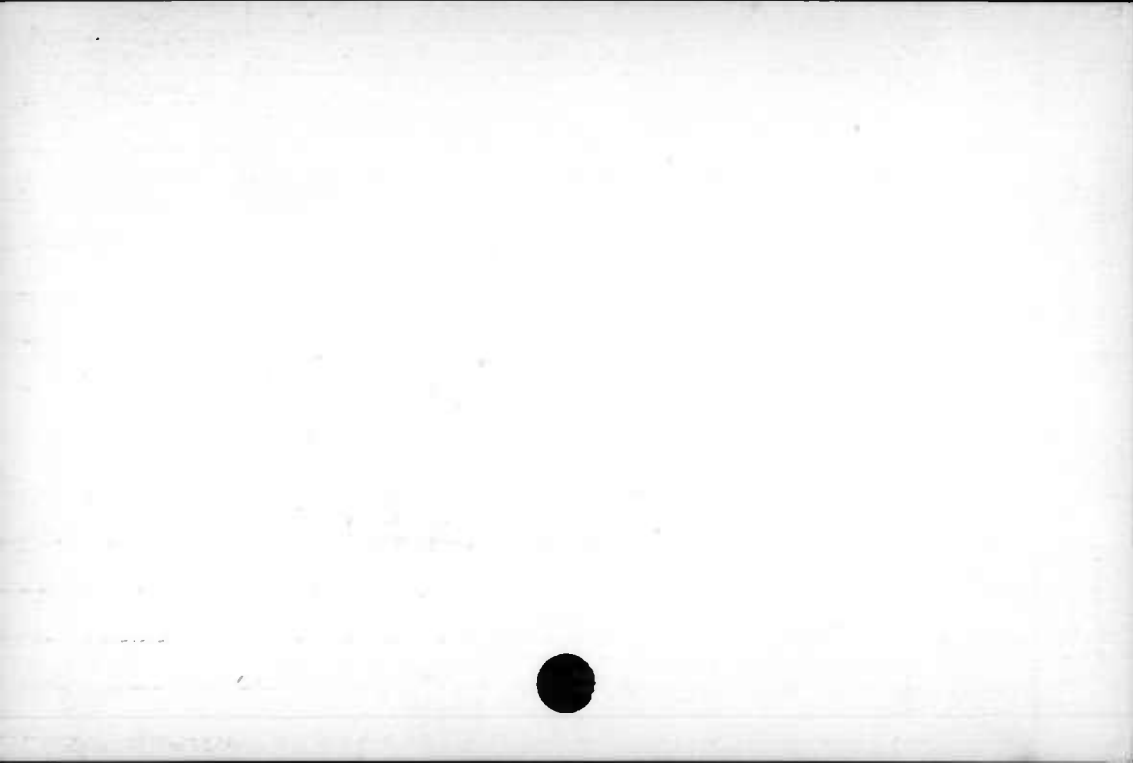
Died at		Town Cambridge		County Norchester		MARYLAND	
Date of death		1905	Month Dec	Day 21	Age 50	Years ✓	Months ✓
Sex female		Color or Race colored		Birth- place Maryland			
Occupation Housewife				Where Residing if not at place of death ✓			
Married, Single or Widowed		Name of Wife or Husband Oscar Crosswell					
Father's Name John Crosswell		Father's Birthplace Maryland					
Mother's Maiden Name Mary Lane		Mother's Birthplace Maryland					
Name of person giving Information Henry Crosswell		How related to deceased son					

CAUSES OF DEATH

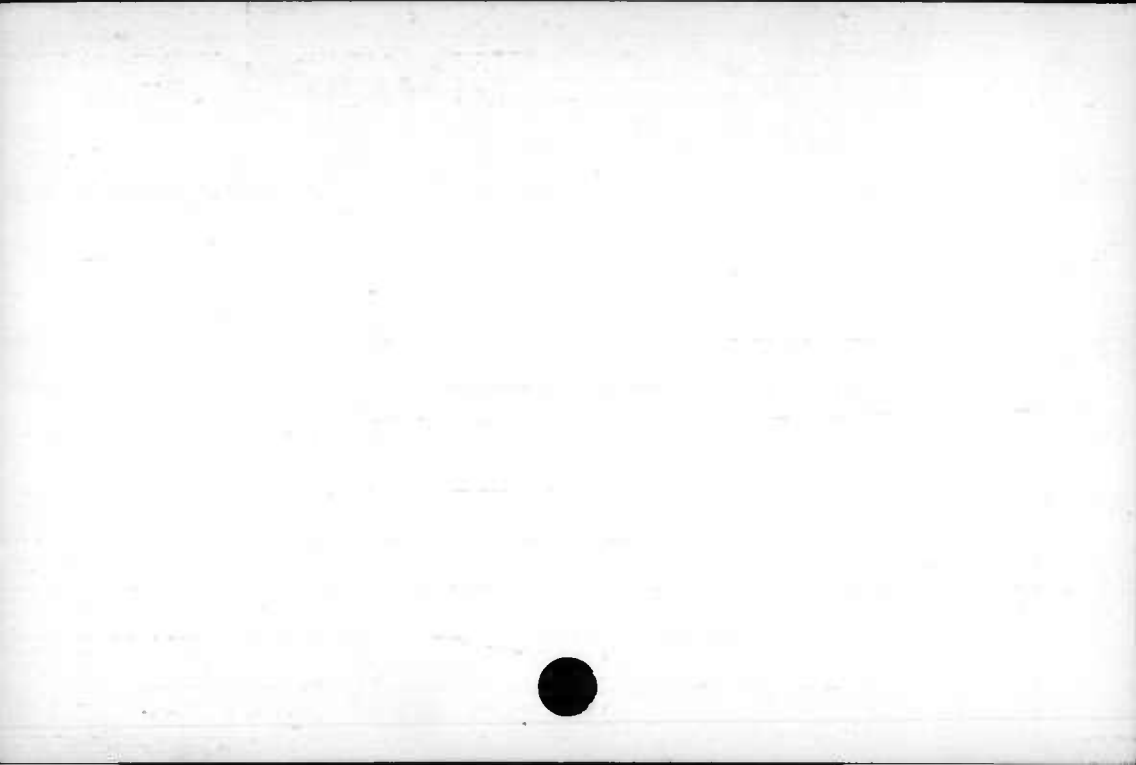
Primary Dropsy	How long Two weeks
Immediate Exhaustion	How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Chas. M. H. H. H. H.
		Address Cambridge Md
Accident or Suicide?		



Name in Full		Job Dunnocks ✓				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND						
	Mackins' Neck		Dorchester Co.										
	Date of death	1905	Month	Dec.	Day	7th	Age	Years	62	Months	5	Days	26
	Sex	Male		Color or Race	White		Birth- place	Dor. Co. Md.					
	Occupation	Farmer				Where Residing if not at place of death							
	Married, Single or Widowed	Married		Name of Wife or Husband		Maggie Shenton							
	Father's Name	Levin T. Dunnock						Father's Birthplace	Dor. Co. Md.				
Mother's Maiden Name	Nancy Tunis						Mother's Birthplace	Dor. Co. Md.					
Name of person giving In formation	M. M. Dunnock						How related to deceased	Brother					
<div style="text-align: center;">CAUSES OF DEATH</div>													
PHYSICIAN OR CORONER	Primary	Intestinal obstruction						How long	Don't know				
	Immediate	Peritonitis						How long	3 days				
	Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician	P. L. Linticum					
							Address	Church Creek, Md.					
	Accident or Suicide?												



Name
in
Full

Maria Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Elliotts

Town

County

Parchester

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

Dec

2

1890

Sex

Female

Color or
Race

White

Birth-
place

Wicomico Ed

Married, Single
or Widowed

Married

Occupation

House wife

Name of Wife or
Husband

Peter Gray

Father's
Name

Do not know

Father's
Birthplace

Do not know

Mother's
Maiden Name

Maria Collins

Mother's
Birthplace

Do not know

Name of person giving
In formation

Peter Gray

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Senile Debility

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

I believe so

Signature of
Physician

Address

J W Steenas MD
Elliotts

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge ^{Town}		Indeavor ^{County}		MARYLAND	
Date of death 1905	Dec. ^{Month}	15 ^{Day}	14 ^{Years}	7 ^{Months}	10 ^{Days}
Sex Female	Color or Race White		Birth-place Del.		
Occupation School girl		Where Residing if not at place of death			
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Frank C. Hanna	Father's Birthplace Pa				
Mother's Maiden Name Anna M. Steel	Mother's Birthplace Pa				
Name of person giving information Frank C. Hanna			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid fever & Mastoiditis	How long 7 days
Immediate Meningitis & exhaustion	How long 3 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Guy Steel M.D.
	Address Cambridge Md.
Accident or Suicide?	



Name
in
Full

John Hill ✓

CERTIFICATE OF DEATH

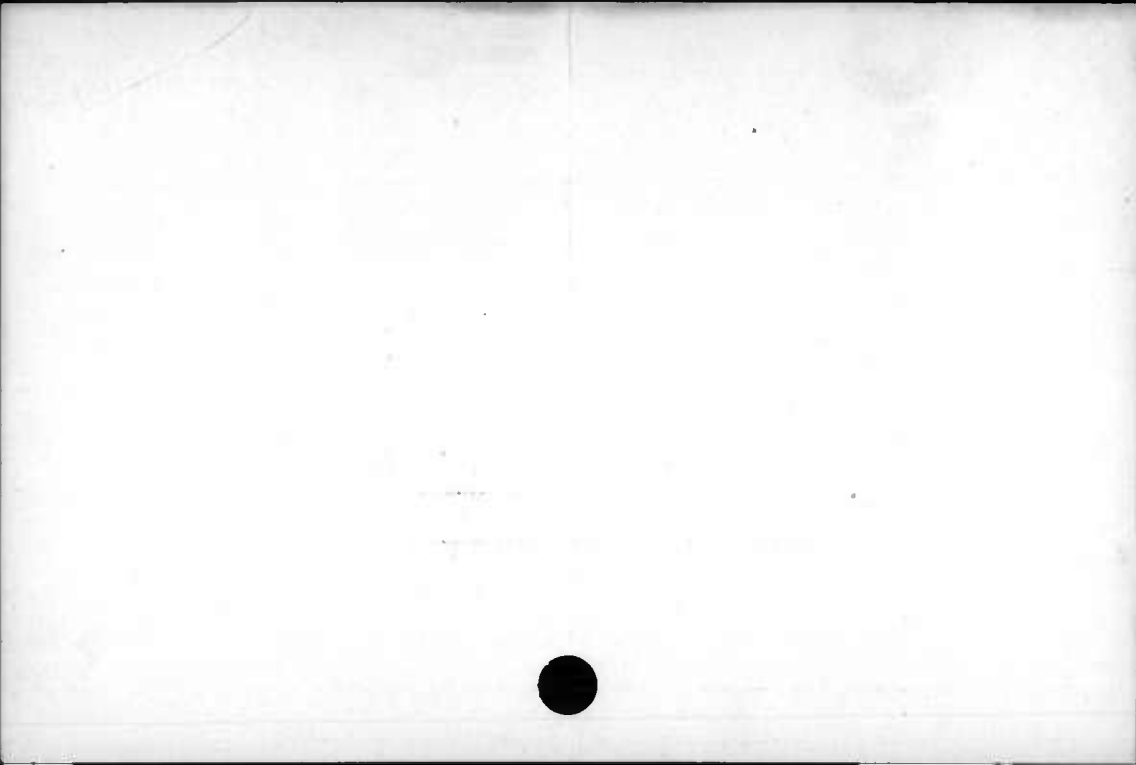
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Vienna</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death	190 <i>5</i>	Month <i>12</i>	Day <i>18</i>	Age <i>—</i>	Months <i>—</i> Days <i>9</i>
Sex <i>Male</i>	Color or <i>Colored</i>		Birth-place <i>Vienna</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Child</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Jno W Hill</i>			Father's Birthplace <i>County —</i>		
Mother's Maiden Name <i>Lula Jolly</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Jno W Hill</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>—</i>	How long	<i>—</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>		Signature of Physician <i>L. P. Robinson</i>	
<i>No Physician</i>		Address <i>Vienna</i>	
Accident or Suicide?		<i>Ma</i>	



Name
in
Full

Elizabeth Long ✓

CERTIFICATE OF DEATH

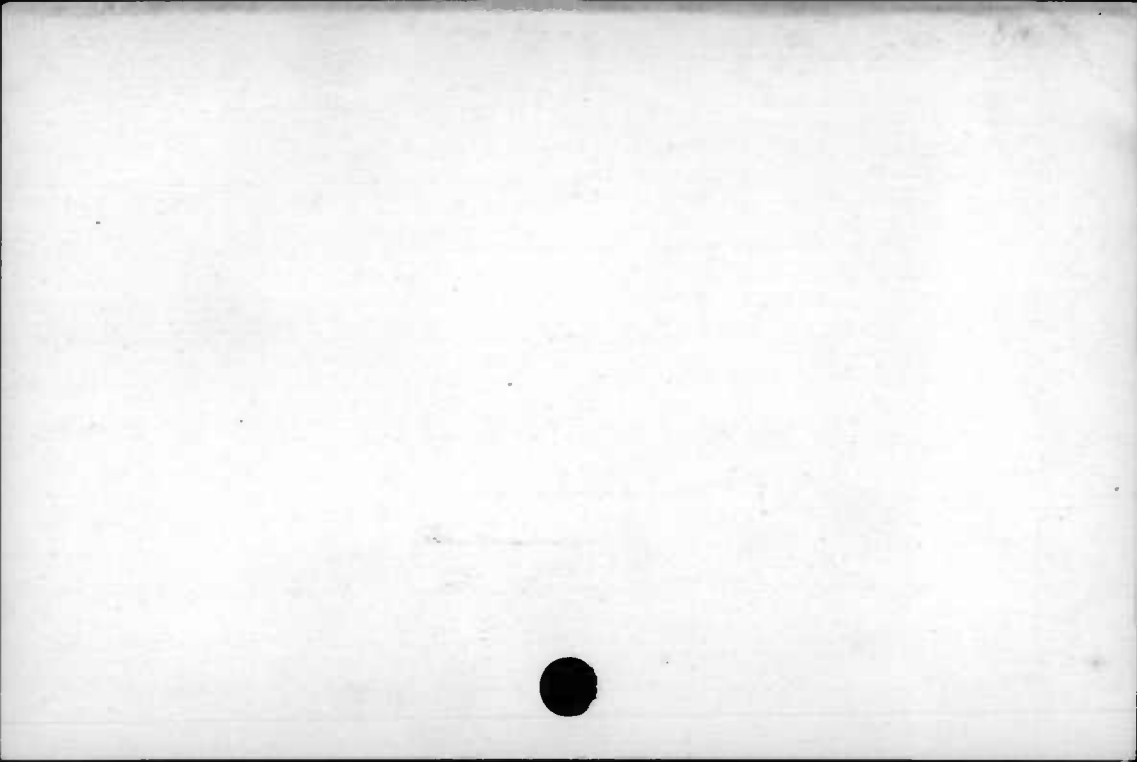
TO BE ANSWERED BY
NEAREST FRIEND

Died at Town <i>Cauling</i> County <i>Dorchester</i>		MARYLAND				
Date of death	1905	Month <i>Dec</i>	Day <i>12</i>	Age <i>68</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>Newman Co Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Cauling Md</i>				
Married, <input checked="" type="checkbox"/> <i>Yes</i> or <input type="checkbox"/> <i>No</i>		Name of Wife or Husband <i>Sam H Long</i>				
Father's Name <i>Doni Knorr</i>		Father's Birthplace				
Mother's Maiden Name		Mother's Birthplace				
Name of person giving Information <i>Sam H Long</i>		How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia Double</i>	How long <i>1 week</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B W Golabinsky</i>
	Address <i>Cauling Md</i>
Accident or Suicide?	



Name
in
Full

Virginia H. McBride

CERTIFICATE OF DEATH

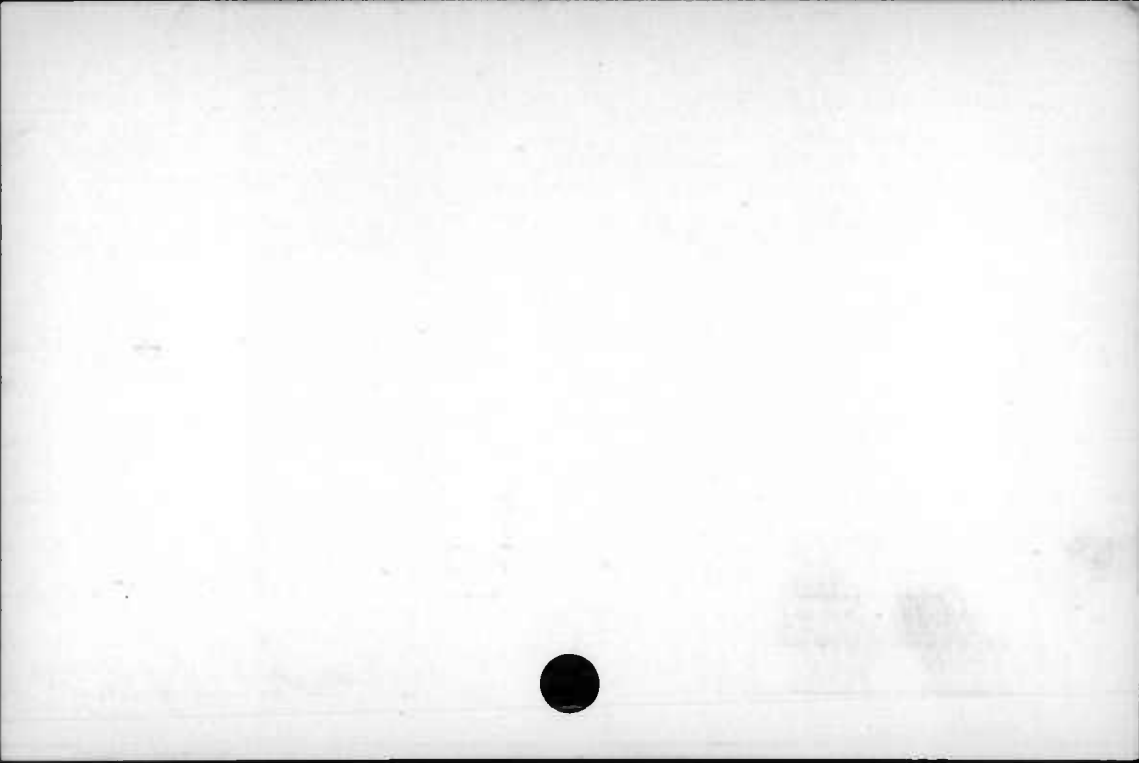
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> <small>Town</small>		<u>Worcester</u> <small>County</small>		- MARYLAND	
Date of death 190 <u>7</u> <small>Month</small>	<u>Dec</u>	Day <u>2</u>	Age <u>-</u> <small>Years</small>	Months <u>-</u>	Days <u>14</u>
Sex <u>Female</u>	Color or Race <u>wh</u>	Birth-place <u>Cambridge Md</u>			
Married, Single or Widowed <u>Single</u>		Occupation			
Name of Wife or Husband					
Father's Name <u>J. H. McBride</u>			Father's Birthplace <u>Orland</u>		
Mother's Maiden Name <u>Elizabeth R. Harding</u>			Mother's Birthplace <u>Orland Md.</u>		
Name of person giving information <u>Elizabeth R. McBride</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute infection of kidneys</u>	How long <u>4 days</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. H. Stuck</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *My K. Meekins* ✓

Town *Cambridge* County *Worcester* MARYLAND

Died at *Cambridge*

Date of death *1905* Month *Dec.* Day *27* Age *4* Years Months *0* Days *3*

Sex *Female* Color or Race *white* Birth-place *Ind*

Occupation *Child* Where Residing if not at place of death *Cambridge*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Geo. Meekins* Father's Birthplace *Ind*

Mother's Maiden Name *Dollie Charles* Mother's Birthplace *Ind*

Name of person giving information *Self* How related to deceased *none*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Scarlet Fever* How long *4 weeks*

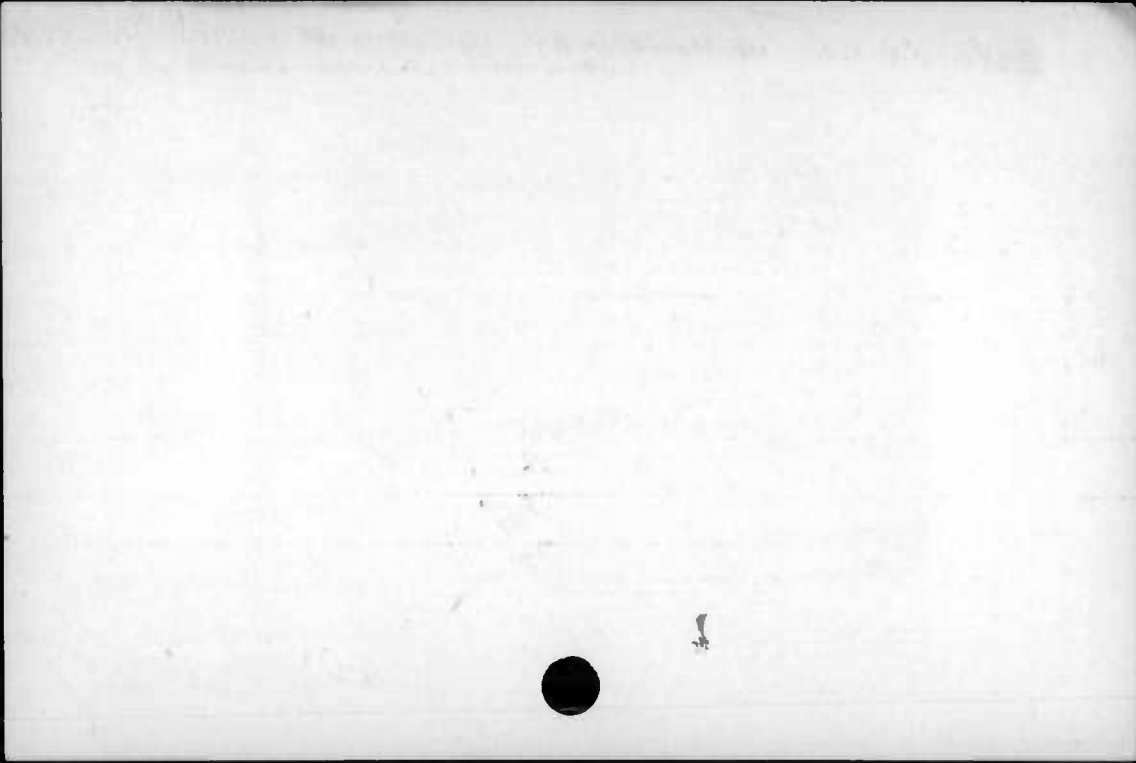
Immediate *Measles* How long *two days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John W. Meekins*

Address *Cambridge, Ind*

Accident or Suicide?



Name
in
Full

Clarence Moses

CERTIFICATE OF DEATH

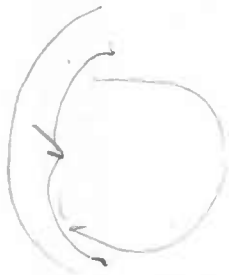
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> <small>Town</small>		<u>Orchester</u> <small>County</small>		MARYLAND	
Date of death 190 <u>5</u>	<u>Dec.</u> <small>Month</small>	<u>8</u> <small>Day</small>	Age <u>27</u> <small>Years</small> <u>about</u>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Madison Ind.</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>Substr.</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>Not-known</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Not-known</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Hospital records</u>			How related to deceased <u>—</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Syphilis from</u>	How long <u>Not-known</u>
Immediate <u>Pyemia heart failure</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>as far as known</u>	Signature of Physician <u>Guy Steele</u>
	Address <u>Cambridge Ind.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Shadrick Murphy ✓

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

-

Dorchester

Date

of death 1905

Month

Dec

Day

6

Age

Years

104

Months

7

Days

28

Sex

male

Color or
Race

white

Birth-
place

Md

Occupation

Farmer

Where Residing if not
at place of death

County -

Married, Single
or Widowed

Married

Name of Wife or
HusbandFather's
Name

-

Father's
BirthplaceMother's
Maiden Name

-

Mother's
BirthplaceName of person giving
information

Geo E Adshel

How related
to deceased

Son in law

CAUSES OF DEATH

Primary

old age

How long

Confined to bed

Immediate

How long

about 3 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

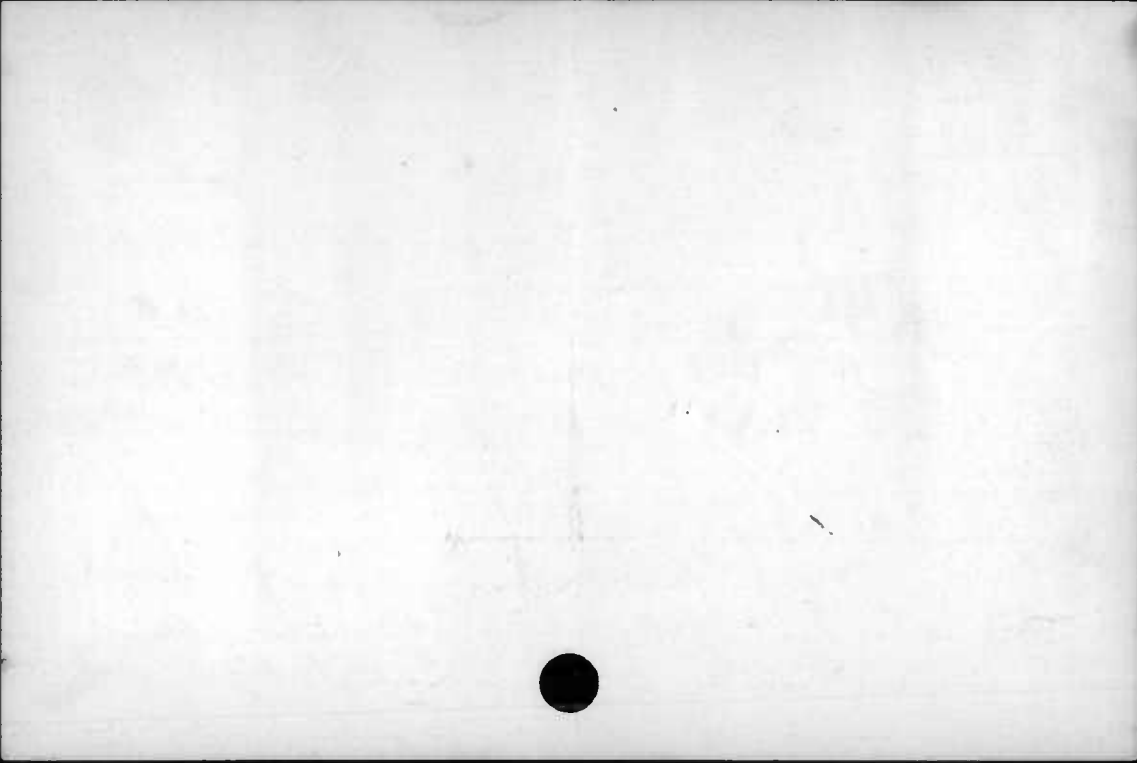
Signature of
Physician

Address

C. Brookinska
Vienna Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

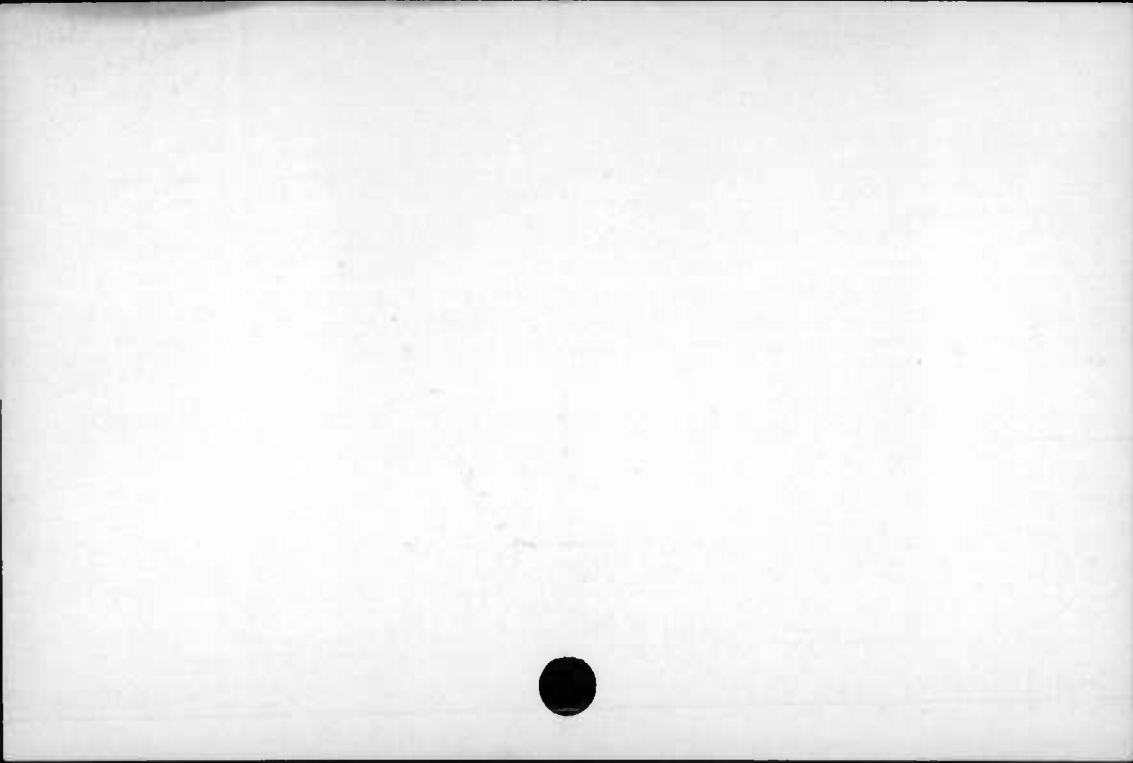
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> Town		County <i>Worcester</i>		MARYLAND		
Date of death <i>1905</i>	Month <i>Dec.</i>	Day <i>24</i>	Age <i>—</i>	Years <i>—</i>	Months <i>7</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MA</i>			
Occupation <i>Welder</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name <i>R. H. Meek</i>			Father's Birthplace <i>MA</i>			
Mother's Maiden Name <i>M. Tilda Meek</i>			Mother's Birthplace <i>MA</i>			
Name of person giving information <i>M. Tilda Meek</i>			How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scarlet Fever</i>	How long <i>2 weeks</i>
Immediate <i>Heart Failure</i>	How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John M. ...</i>
	Address <i>Cambridge MA</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

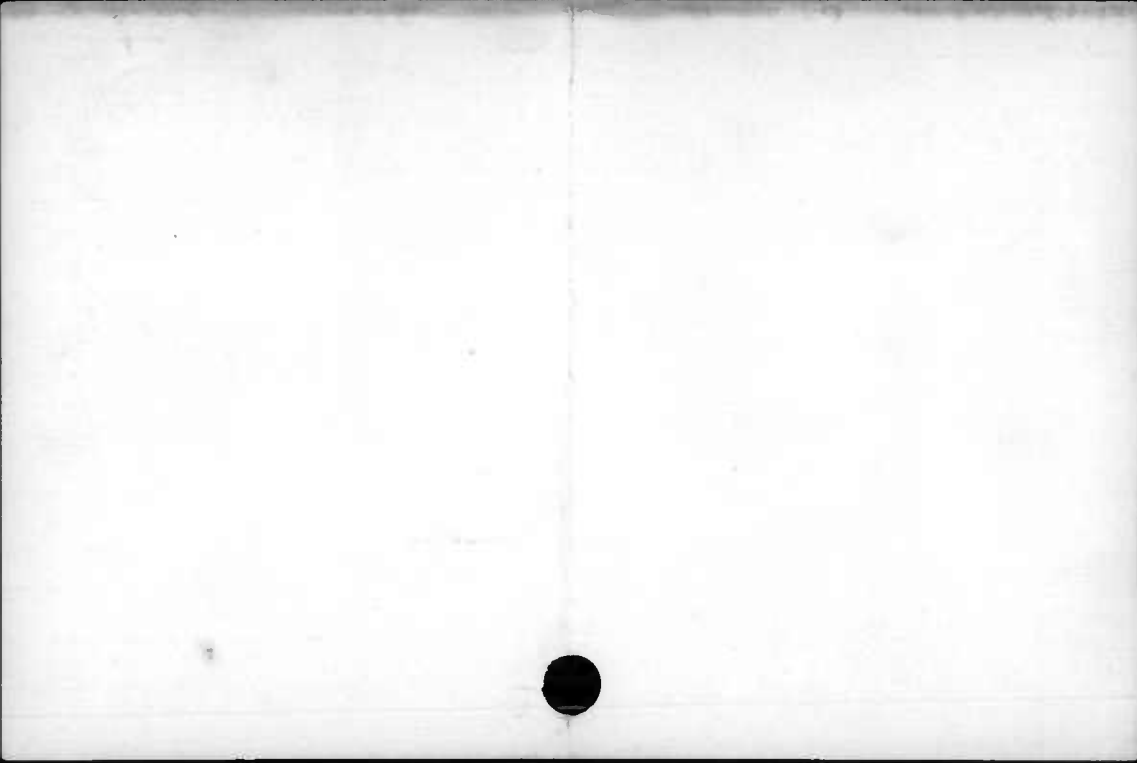
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Henry Noble</i>		Town <i>Federalburg</i>		County <i>Dor</i>		MARYLAND	
Died at <i>Federalburg</i>		Month <i>Dec</i>		Day <i>30</i>		Age <i>69</i>	
Date of death <i>1905</i>		Months		Years		Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Lavinia Forkran</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Chas Noble</i>		How related to deceased <i>son</i>					

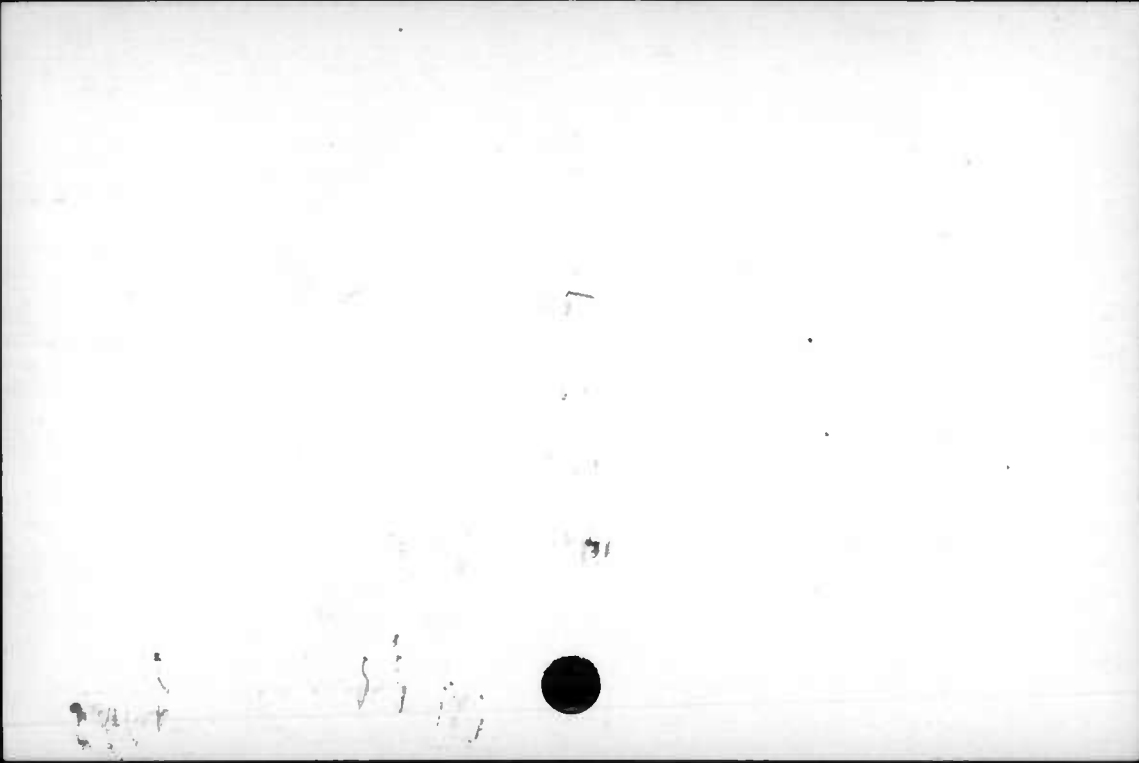
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>14 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>R Kemp Jefferson</i>	
Address		<i>Federalburg md</i>	
Accident or Suicide?			



Name in Full		Cecil Parker ✓				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND		
		Died at		Fishing Creek		Dorchester		
		Date of death		Month	Day	Years	Months	Days
		1905 Dec		11th	Age	—	—	19
		Sex		Color or Race		Birth- place		
Male		white		Fishing Creek Md				
Occupation		(Infant)		Where Residing if not at place of death				
Married, Single or Widowed		—		Name of Wife or Husband				
Father's Name		Thos. Hermie Parker				Father's Birthplace		
Mother's Maiden Name		Amelia J. Lewis				Dorchester Co		
Name of person giving In formation		J.H. Parker				How related to deceased		
		Father						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Incubation		How long		
						19 days		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. H. Houston
				Address		Fishing Creek Md		
Accident or Suicide?								



CERTIFICATE OF DEATH

Died at <u>Fishing Creek</u>		County <u>Dorchester</u>		MARYLAND	
Date of death	<u>1905</u>	Month <u>Dec</u>	Day <u>4th</u>	Age <u> </u>	Months <u> </u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Fishing Creek Md</u>	
Occupation <u>(Infant)</u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Thos. Hernia Parker</u>				Father's Birthplace <u>Fishing Creek Md</u>	
Mother's Maiden Name <u>Amelia J. Lewis</u>				Mother's Birthplace <u>Fishing Creek Md</u>	
Name of person giving information <u>T.H. Parker</u>				How related to deceased <u>Father</u>	

CAUSES OF DEATH

Primary	<i>Poorly Developed Anamnesis.</i>	How long	<i>7 days.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address	<i>W.H. Hume - Fish Creek Rd.</i>	
Accident or Suicide?			



Name
in
Full

Henrietta Parks

CERTIFICATE OF DEATH

Town

County

Died at

Hooperaville

Dorchester

MARYLAND

Date

of death 1905

Month

Dec.

Day

9th

Years

Age 56

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Dorchester Co

Occupation

Housemaid

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden Name

Mary B. Parks

Mother's
Birthplace

Dorchester Co.

Name of person giving
In formation

Chas. Henry Parks

How related
to deceased

uncle

CAUSES OF DEATH

Primary

Aortic Incompetence - Interstitial

How long

2 years

Immediate

Nephritis - Syncope

How long

Died suddenly

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. H. Houston M.D.

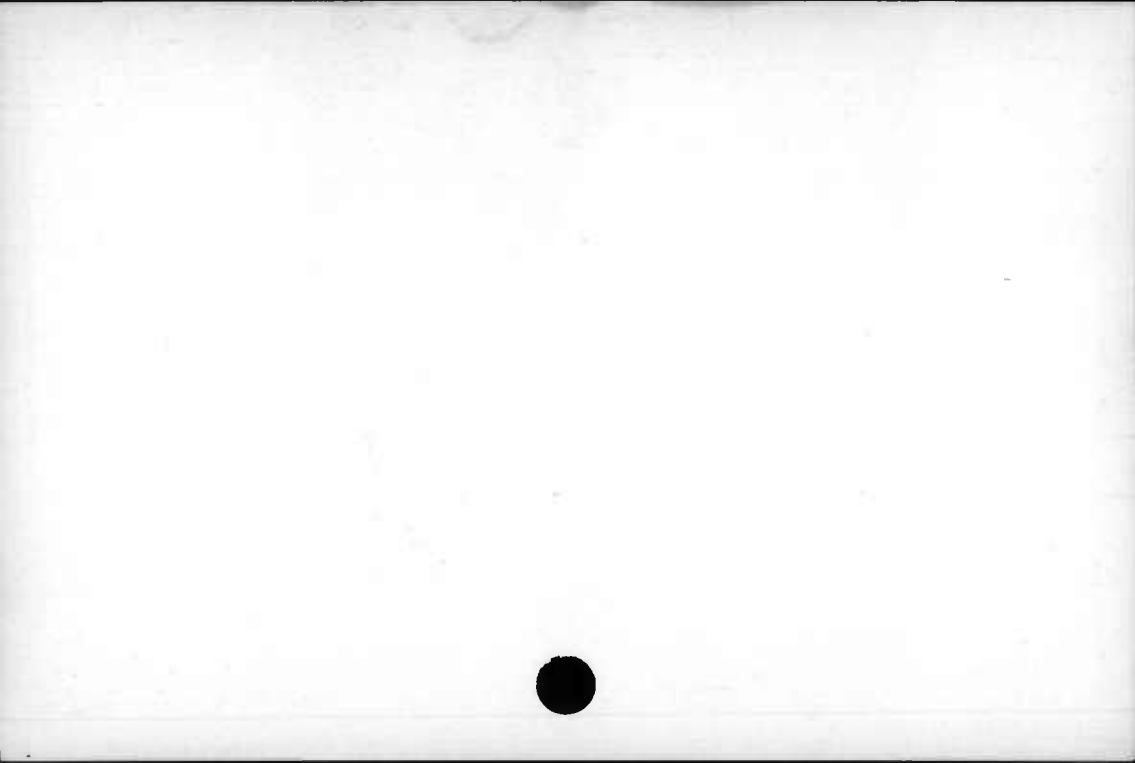
Address

Fishing Creek

Accident or Suicide?

Lawrence P. Ashton J.P. Coroner.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Plummer ✓

CERTIFICATE OF DEATH

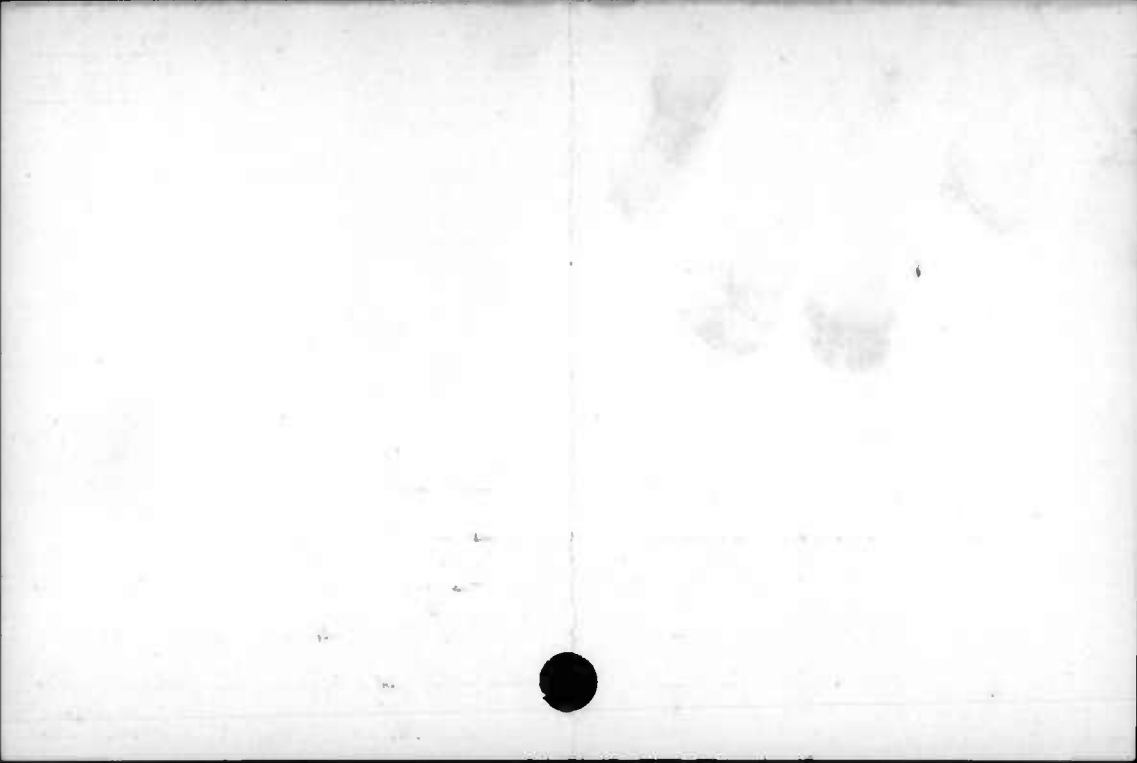
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brookline</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month	<i>12</i>	Day	<i>30</i>	Age	<i>—</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>		Birth-place	<i>U.S.</i>	
Occupation	<i>Child</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed		Name of Wife or Husband <i>—</i>					
Father's Name	<i>Wm Plummer</i>					Father's Birthplace	<i>U.S.</i>
Mother's Maiden Name	<i>Emma Willin</i>					Mother's Birthplace	<i>U.S.</i>
Name of person giving information	<i>J.W. Langford</i>					How related to deceased	<i>No relation</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cold Croup</i>	How long	<i>2 or 3 days</i>
Immediate	<i>of Croup</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>No Physician</i>		
<i>No Physician</i>	Address <i>6. Brookline Vermont</i>		
Accident or Suicide?			



Name
in
Full

Thos. C. Seward ✓

CERTIFICATE OF DEATH

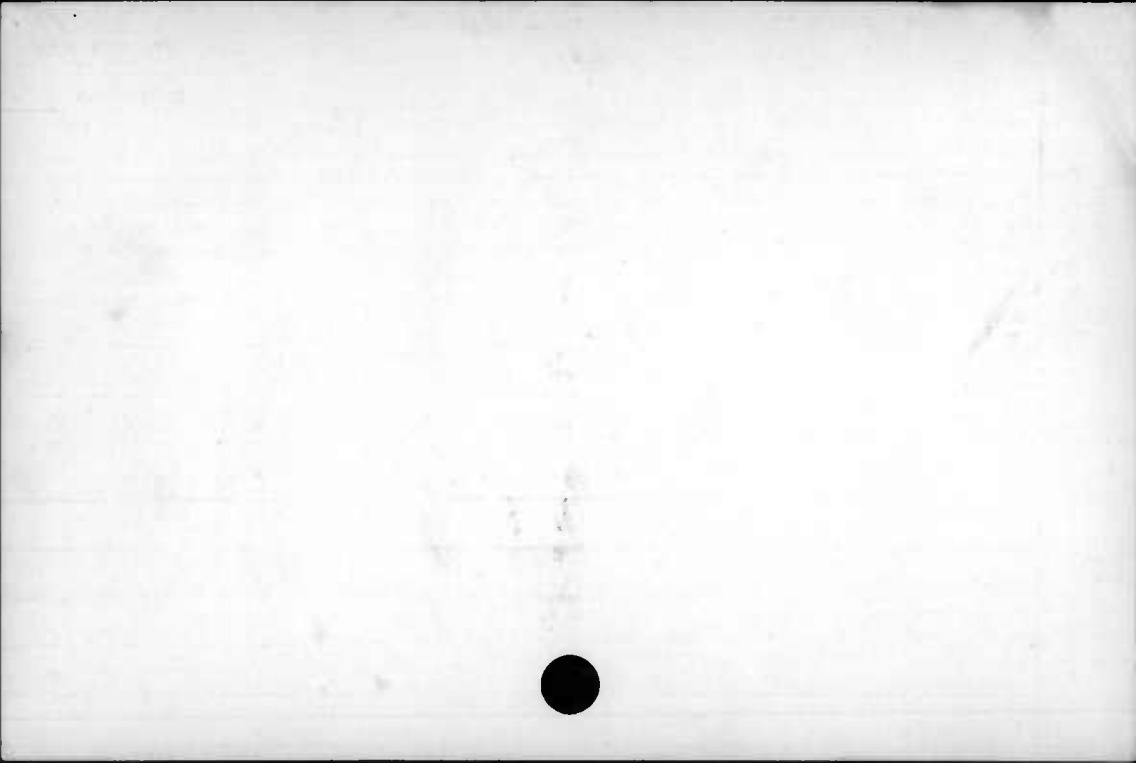
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Casson</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death 1908	Month <i>Dec</i>	Day <i>5</i>	Years <i>80</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Casson, Mich</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Sarah Seward</i>					
Father's Name <i>Thos C. Seward</i>				Father's Birthplace <i>Casson Mich</i>	
Mother's Maiden Name <i>Julia Seward</i>				Mother's Birthplace " "	
Name of person giving information <i>J R Seward</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Organic heart dis.</i>	How long ?
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>S A Stokes M.D.</i>
		Address <i>R 75th Cambridge</i>
Accident or Suicide?		<i>no</i>



Name
in
Full

CERTIFICATE OF DEATH

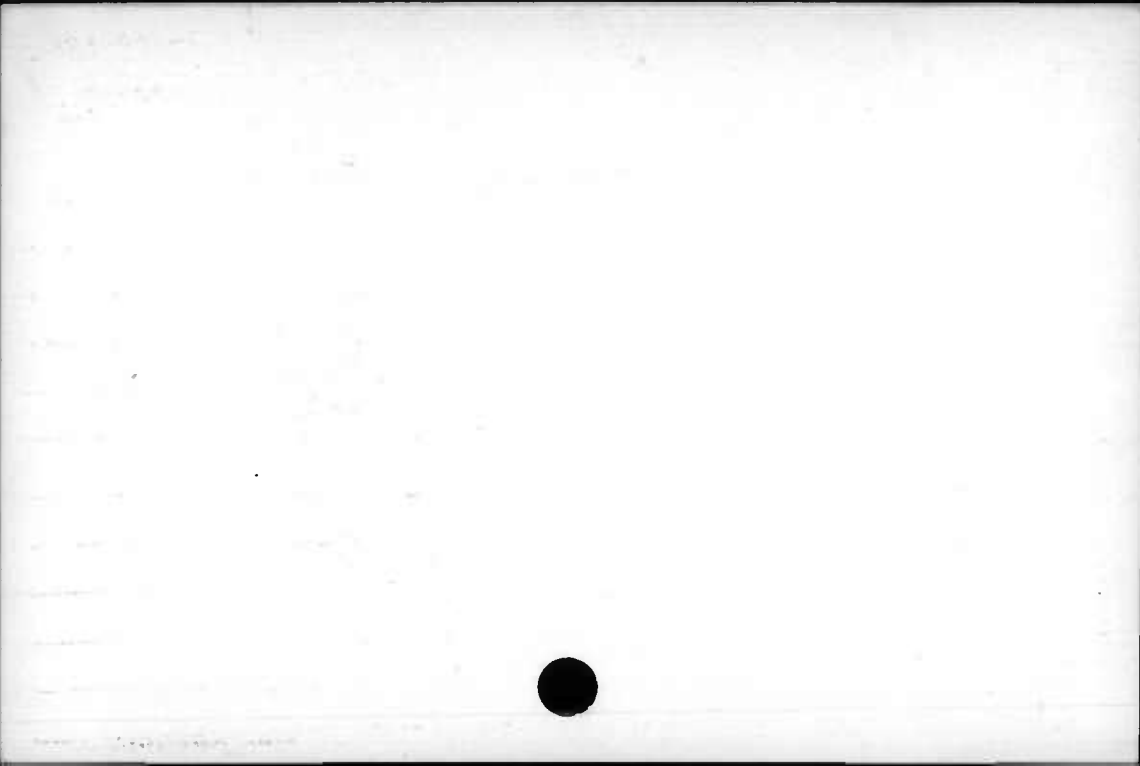
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Emma A. Simmons				CERTIFICATE OF DEATH	
Died at		Town Hoopersville		County Dorchester		MARYLAND	
Date of death		1905	Month Dec.	Day 24 th	Age Years 59	Months 7	Days 24
Sex		Female		Color or Race White		Birth- place Dor. Co. Md.	
Occupation		Housework (Gen)		Where Residing if not at place of death			
Married, Single or Widowed		Widowed		Name of Wife or Husband Opus A. Simmons (dead)			
Father's Name		Thomas H. Bouark				Father's Birthplace Dor. Co. Md.	
Mother's Maiden Name		Sarah J. Travers				Mother's Birthplace Dor. Co. Md.	
Name of person giving In formation		Gracie M. Brammick				How related to deceased Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	Six weeks
Immediate	Pneumonia	How long	one week
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		R. L. Lenthicum	
Address		Church Creek, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

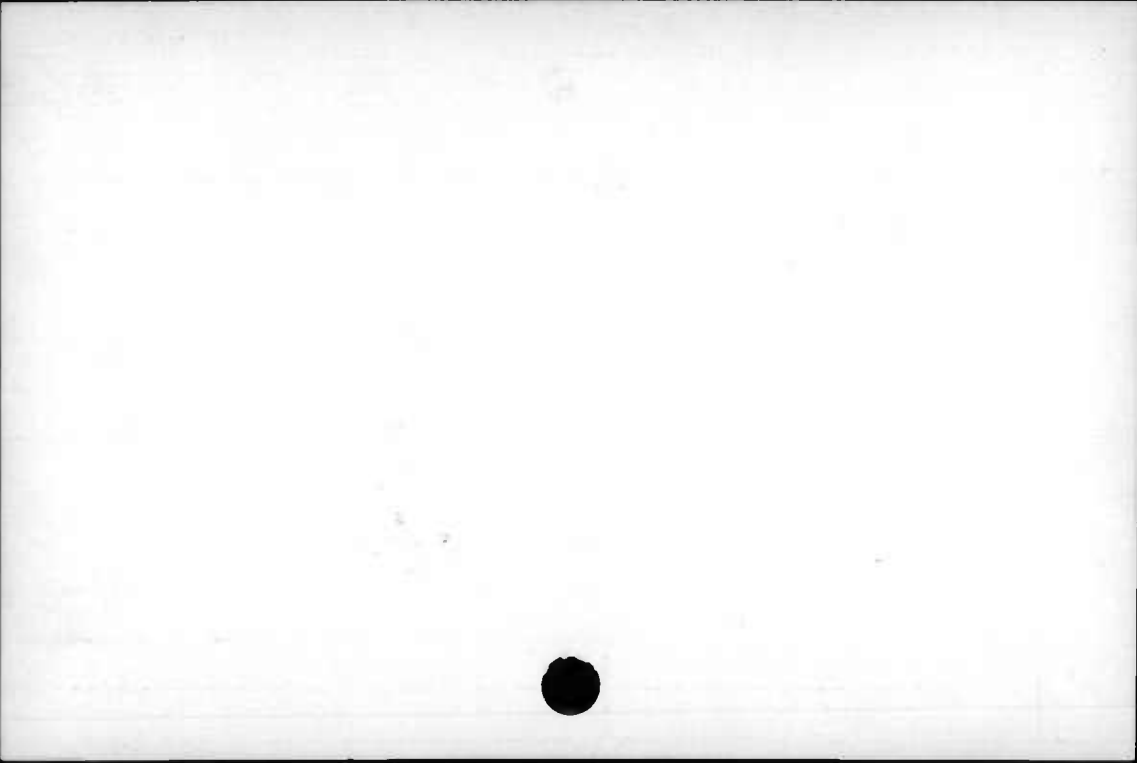
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Jane Smith ✓		Town Cambridge		County Dorchester		MARYLAND	
Died at		Date of death 1905		Month 12		Day 21	
Age 60		Years		Months		Days	
Sex Female		Color or Race BLK		Birth-place md.			
Occupation Housework		Where Residing if not at place of death					
Married, Single or Widowed Widow		Name of Wife or Husband Elyah Perry Smith					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information Kaleb. Stanley		How related to deceased Son-in-law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Accidental burning	How long
Immediate	Asphyxia	How long
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician E. E. Waloff
		Address Cambridge, Md
Accident or Suicide?		



Name
in
Full

Emily Stanley ✓

CERTIFICATE OF DEATH

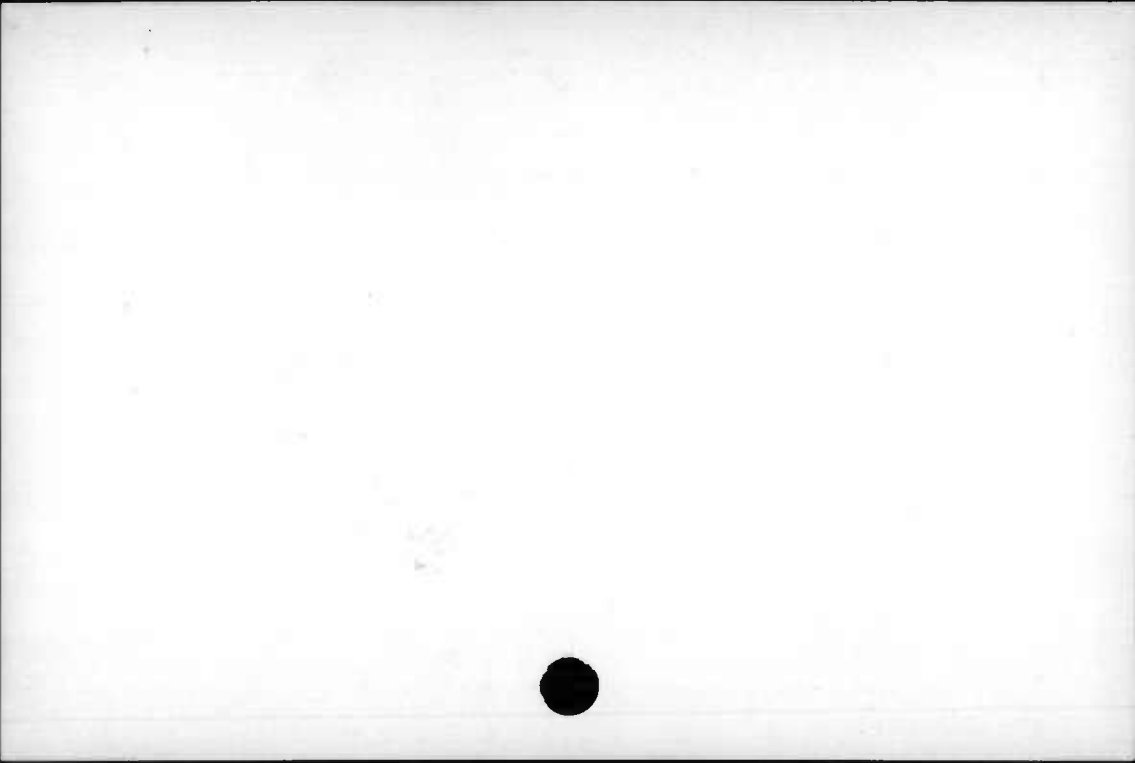
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>		Town <i>Dorchester</i>		County		MARYLAND		
Date of death <i>1905</i>	Month <i>12</i>	Day <i>21</i>	Age <i>27</i>	Years <i>27</i>	Months	Days		
Sex <i>Female</i>	Color or Race <i>Blk</i>		Birth-place <i>Ind.</i>					
Occupation <i>Housework</i>			Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Kaleb Stanley</i>						
Father's Name				Father's Birthplace				
Mother's Maiden Name				Mother's Birthplace				
Name of person giving information <i>Kaleb Stanley</i>				How related to deceased <i>Husband</i>				

CAUSES OF DEATH

Primary	<i>Accidental Burning</i>	How long	<i>16</i>
Immediate	<i>Asphyxia</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E E Wolff</i>	
		Address <i>Cambridge, Md.</i>	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Raymond Stanley ✓

CERTIFICATE OF DEATH

Died at ^{Town}Cambridge^{County}Dorchester

MARYLAND

Date
of death 1905Month
12Day
21Age
Years 4

Months

Days

Sex

Male

Color or
Race

Blk

Birth-
place

Md

Occupation

Child

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Kaleb Stanley

Father's
Birthplace

Md

Mother's
Maiden Name

Emily Smith

Mother's
Birthplace

Md.

Name of person giving
In formation

Kaleb Stanley

How related
to deceased

Father

CAUSES OF DEATH

Primary

Accidental Burning

How long

Immediate

Asphyxia

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

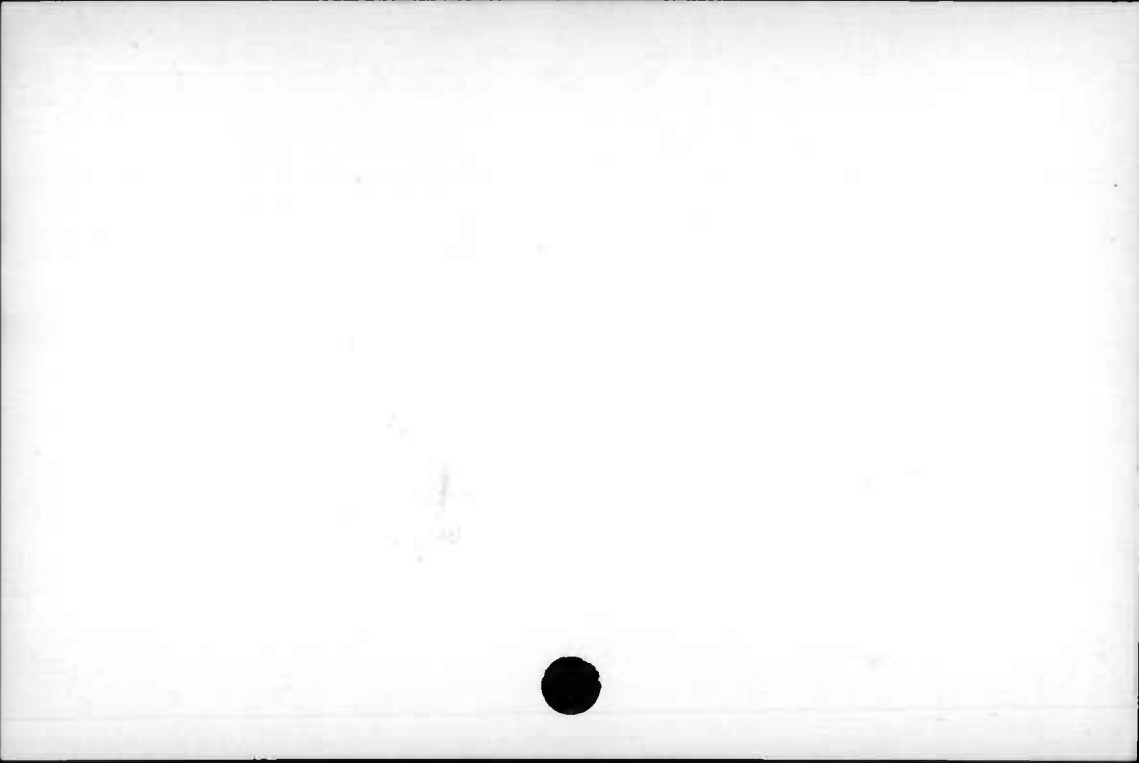
E E Wolff

Cambridge, Md.

Accident or Suicide?

Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Viola Stanley.

✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cambridge* ^{Town} *Dorchester* ^{County} **MARYLAND**

Date of death *1900* - Month *12* Day *21* Age *1* Years Months Days

Sex *Female* Color or Race *BLK* Birth-place *Ind.*

Occupation *Child* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Kaleb Stanley* Father's Birthplace *Ind.*

Mother's Maiden Name *Emily Stanley (Smith)* Mother's Birthplace *Ind.*

Name of person giving information *Kaleb Stanley* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Accidental Burning* ~~How long~~

Immediate *Asphyxia* ~~How long~~

Are the name, age, sex, color, date and place correctly given above?

Yes

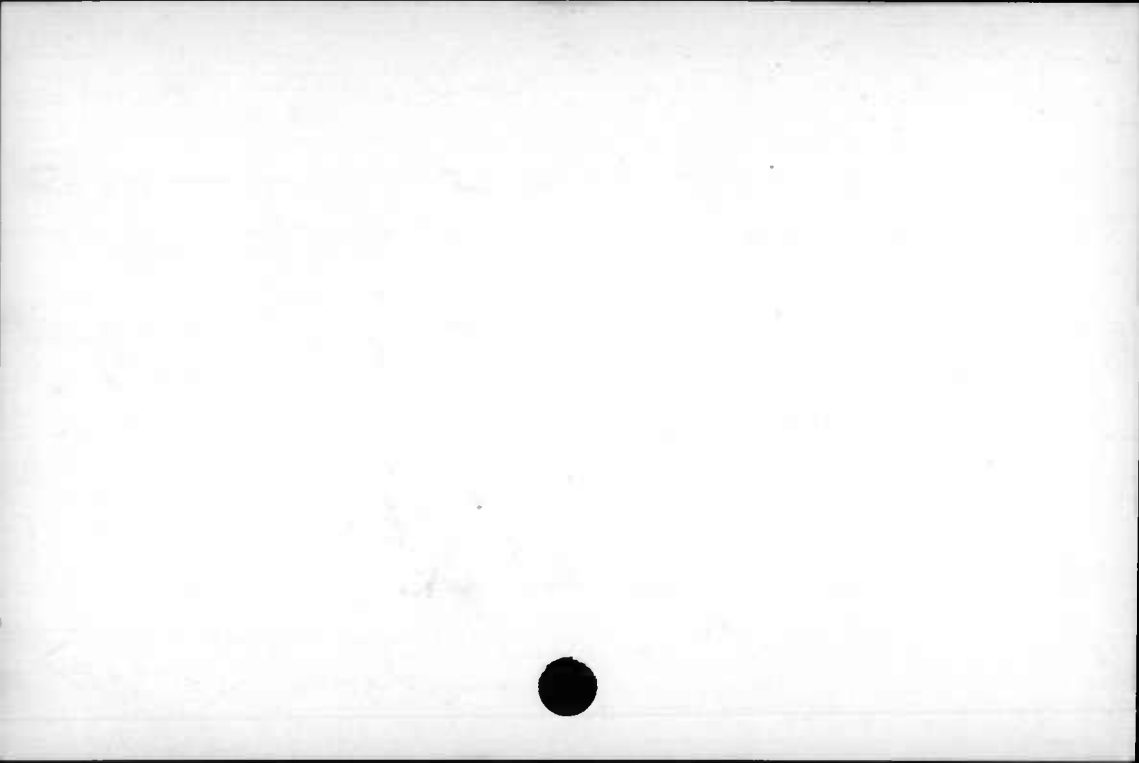
Signature of Physician

Address

E E Wolff

Cambridge, Ind.

Accident or Suicide?



Name
in
Full

Cecil Travers

CERTIFICATE OF DEATH

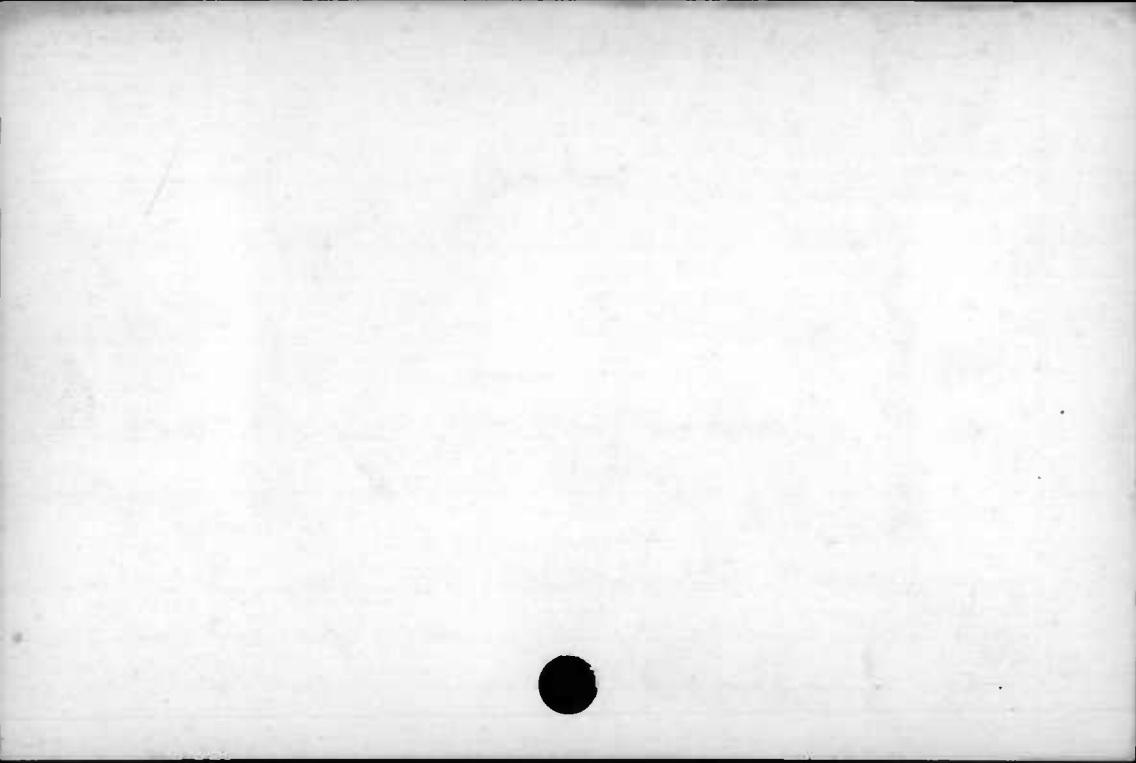
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fishing Creek</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>14</i>	Age _____	Months _____	Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Dorchester</i>		
Occupation <i>Infant</i>			Where Residing if not at place of death _____		
Married, Single <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband _____			
Father's Name <i>Dennis G Travers</i>		Father's Birthplace <i>Dor, Co,</i>			
Mother's Maiden Name <i>Sarah E Travers</i>		Mother's Birthplace <i>Dor, Co,</i>			
Name of person giving information <i>Sarah E Travers</i>		How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate cause <i>Convulsions</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Alonzo Travers J.P. (Acting Coroner)</i>
	Address <i>Fishing Creek</i>
Accident or Suicide?	



Name
in
Full

Margret Travers ✓

CERTIFICATE OF DEATH

Town

County

Dorchester

MARYLAND

Died at

Date

of death 1905

Month

12

Day

2

Years

Age 64

Months

Days

Sex

Female

Color of
Race

Caucasian

Birth-
place

Dorchester

Occupation

Cook

Where Residing If not
at place of death

Dorchester

Married, Single
or Widowed

Widow

Name of Wife or
Husband

John Travers

Father's
Name

Sam Hollis

Father's
Birthplace

Dorchester

Mother's
Maiden NameMother's
Birthplace

" "

Name of person giving
In formation

Frank Travers.

How related
to deceased

Son

CAUSES OF DEATH

Primary

Hemiplegia, Lung
Bost Failure

How long

one hour

Immediate

How long

one hour

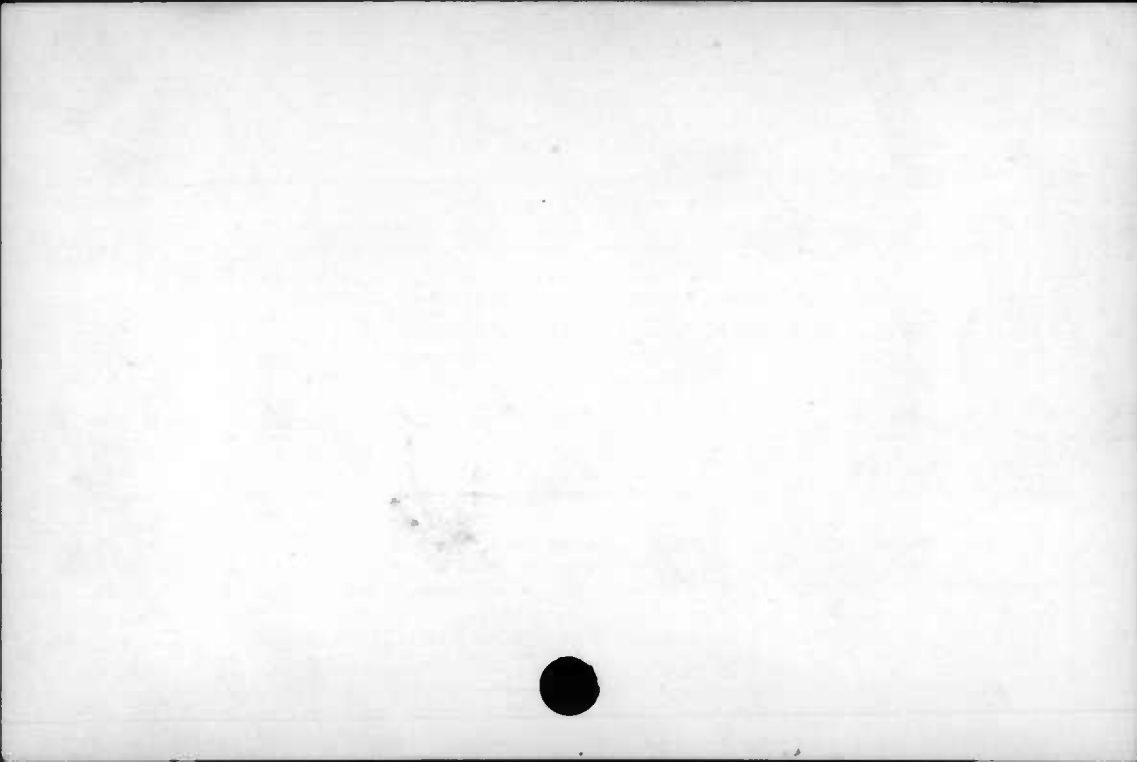
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

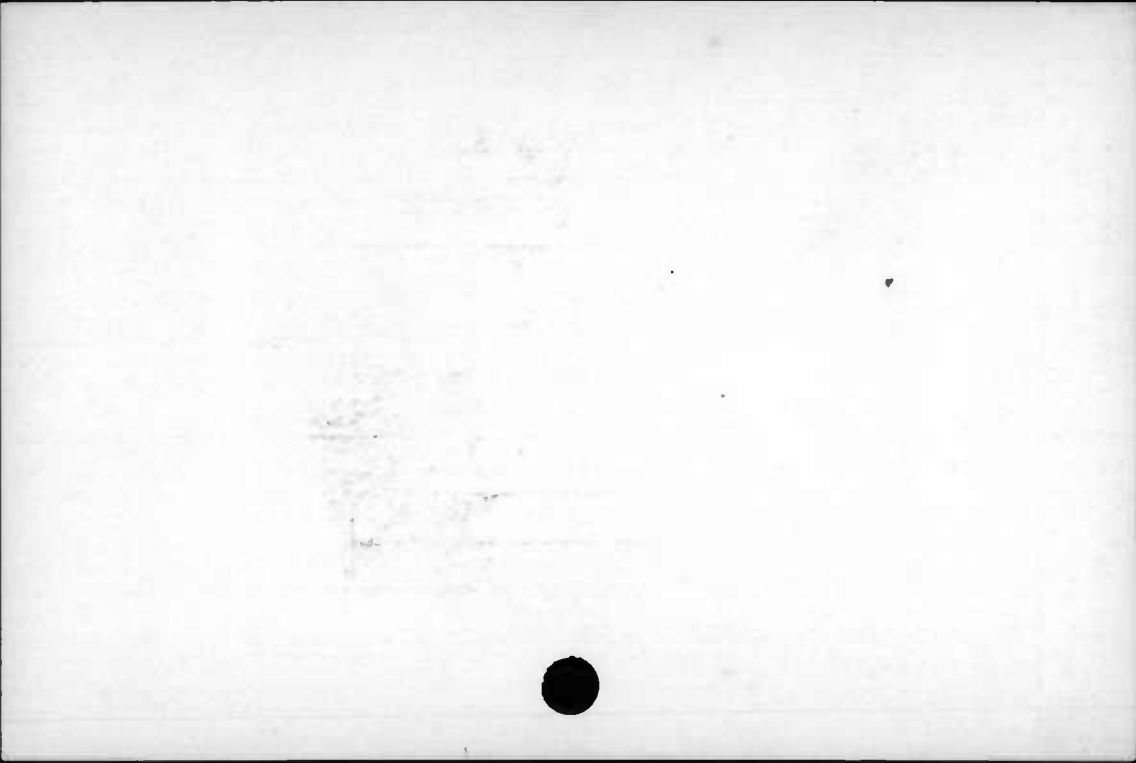
Victor E. Kite
Port Newmarket

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Theophilus T. Whattery				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Galestown</i>		County <i>Orchester</i>		MARYLAND	
		Date of death <i>1901</i>		Month <i>Dec.</i>		Day <i>2</i>	
		Sex <i>male</i>		Color or Race <i>wh</i>		Birth-place <i>Or.</i>	
		Occupation <i>Farmer</i>		Where Residing if not at place of death			
		Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
PHYSICIAN OR CORONER		Father's Name <i>Augustus J. Whattery</i>		Father's Birthplace			
		Mother's Maiden Name <i>Margaret J. Cannon</i>		Mother's Birthplace			
		Name of person giving information		How related to deceased			
		CAUSES OF DEATH					
		Primary <i>Paralysis</i>		<i>Do</i>		How long <i>8 years</i>	
Immediate <i>Hemiplegia</i>				How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. R. Osler</i>		Address <i>Galestown Md.</i>			
Accident or Suicide?							



Name
in
Full

George Hilley ✓

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Laksville^{County} LorchesterDate of death 1905 ^{Month} Dec^{Day} 8Age ^{Years} 88^{Months}^{Days}

Sex Male

Color or
Race

White

Birth-
place

Laksville

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Sarah Hilley

Father's
NameFather's
BirthplaceMother's
Maiden Name

Charles Hilley

Mother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

General debility

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

A. J. Krizan Undertaker

Address

No physician in attendance

Crapo

md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Minnie Willey ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died 9-0- Cambridge		Two County		Inchester		MARYLAND	
Date of death 1905		Month Dec.		Day 12		Age 73	
Sex Female		Color or Race white		Birth-place		Wm. Co. Md.	
Married, Single or Widowed		Married		Occupation		Housewife	
Name of Wife or Husband		Columbus Willey					
Father's Name		Ed. Gwath				Father's Birthplace Wm. Co. Md.	
Mother's Maiden Name		Fannie Kirwin				Mother's Birthplace Wm. Co. Md.	
Name of person giving information		Ed. Gwath				How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Tuberculosis Pulmonary		How long 20 months	
Immediate		Ephauter from hemorrhage		How long -	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				Address Cambridge Md.	
Accident or Suicide?					



Name
in
Full

Sophia L. Wilson ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pinkwood</u> ^{Town}		<u>Long Church</u> ^{County}		MARYLAND	
Date of death	<u>1901</u>	Month <u>Dec.</u>	Day <u>19</u>	Age <u>68</u> Years	Months <u>3</u> Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>W. Co. Md.</u>		
Occupation <u>House wife</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>Amrose A. Wilson</u>				
Father's Name <u>John T. Houston</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Mary Dickinson</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>Mrs John A. Vincent</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Valvular heart disease</u>	How long <u>1-2 years</u>
Immediate <u>gradual heart failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Surgeon Wm. D. Cambridge</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide?	



David W. W. W.

✓

Died at		Town		County		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death		1905	Dec	25		2	
Sex		Color or Race		Birth-place			
Male		Caucasian		York Beach			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
David Wangus				York Beach			
Mother's Maiden Name				Mother's Birthplace			
Sabbie Sanford				" "			
Name of person giving information				How related to deceased			
Annie M. M. M.				None			

Primary	Unknown	How long	
Immediate		How long	Two days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	
No physician in attendance		Address	1111 1/2 E. 1st St. S. St. Louis, Mo.
Accident or Suicide?			

